225094

Community Adult Day Care

Post Office Box 491

Marion, South Carolina 29571

(843) 423-6488

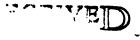
TO: Tricia DeSanty

FROM: COMMUNITY ADULT DAY CARE---MARION, S.C.—Don DeNitto

RE: DOCKET No. 2010-256-T

Please amend application from C-Charter to Non Emergency application

Also please find Updated Insurance quote (page 5 of 9)



AUG 0 2 2010

PSC SC CLERK'S OFFICE

8434236396

p.2

Aug. 2. 2010 1:07PM

SC Public Service Camm Docketing

No. 5291 P. 2

INSURANCE QUOTE

dia toutt MINAL RECOMPLETED AND SIL	FINER DA BUTHORIS	ZED INSURA	<u>NCE COMPANI</u>	REPRESENTATIV	
The following insurance quote is for:					
Community	Adult	Dayc	are		
20 = = J	Name of Motor Ca			_	
300 £ Jones	Ave Ext.	Mana	2.50	29571	
	Address of Motor C	arrier			
Amount of Premium:					
Liability Insurance \$ 934.00					
The above quoted premium is for a term of	months	ı			
Minimum Limits - Bodlly injury and prothan the following:	operty damage limits w	vill not be less	Limita	Quoteð	
Liability Combined Each Occurance	\$ 1,000,00	0 7		0,000	
Medical Payments per Person	\$ 1,000		1,000),	
	,		7		
Progressive (Name of Insurance Co	t Ju	ъ. <u>С</u> с	Mone	
	,- ,-	Mily Mily			
PO. BX 6807 Cleveland OH 44101-1807					
Ho	ome Office Address of	Campany '			
am familiar with the Commission's Rules a neets the minimum insurance limits prescrit South Carolina Department of Insurance to c	bed. The insurance con	npany making	requirements an this quote is sur	d the above quote thorized by the	
alalan			(h.		

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

No. 5291 P. 3

Exhibit on Driver Qualifications

CP)	R Certificate	or its equivaler	nt, and rec	possess at least a current American Red Cross Standard First Aid and cords that verify/record such training must be kept on file at the within South Caroline.
6	Yes	0	No	
2. Арр	olioant unders	stands that drive	ers must l	be in compliance with all OSHA regulations.
ď	Yes	0	No	
3. App	iloant unders -way redios, (stands that drive first-aid kits, fi	ere must b	be trained in the use of all vehicle installed safety equipment such as alshers, and other equipment as outlined in PSC Regulations.
4	Yes	0	No	
WITH	licant undersidisabilities, i	including whee	ers must b Ichair usc No	e able to physically perform actions necessary to assist persons ers.
5. Appl	licant unde rst y identifies th	ands that drive to driver and th	rs must w o compan	car a professional uniform and photo identification badge that by for whom the driver works.
Ø	Yes	0	No	
OT SAT	rety, and ibco	ands that driver ords that verify/ outh Carolina.	rs must co record su	emplete twelve (I2) hours of in-service training annually in the area ch training must be kept on file at the company's primary place of
Ø	Yes	0	No	